ATTACHMENT B

AFFIDAVIT OF ELIGIBILITY TO APPLY FOR RETROACTIVE ACCIDENTAL DISABILITY RETIREMENT BENEFITS PURSUANT TO THE SETTLEMENT OF EEOC V. COMMONWEALTH OF MASSACHUSETTS ET AL.

Unless you previously applied for accidental disability retirement and were denied based on your age, your application must contain this statement signed under the penalties of perjury explaining that you would have applied for an accidental disability retirement allowance but for the age limitations of G.L. c. 32, § 7(1) and explaining how you knew or learned that such age limitations existed and made you ineligible at the time.

I would have applied for an accidental disability retirement allowance but for the age limitation in G.L. c. 32, § 7(1). I did not apply for accidental disability retirement allowance because of [check one]: [] the maximum age limitation in G.L. c. 32, § 7(1) or [] the rule in G.L. c. 32, § 7(1) that says "No such retirement shall be allowed within any period of two years prior to attaining the maximum age on account of any accident or hazard undergone except for an accident or hazard undergone within three years of attaining such maximum age." I knew/learned of the existence of such age limitations in the following manner [complete below]: SIGNATURE I sign this affidavit under the penalties of perjury. I affirm that the information presented in this affidavit is correct, complete and accurately presented. I understand that giving false or incomplete information on this affidavit may subject me to the loss of my benefits as well as civil and criminal penalties. I also have read and understand the health insurance notifications printed on the opposite side of this form. Please retain a copy of both sides of this form for your records. SIGNATURE DATE

PRINT NAME

HEALTH INSURANCE NOTIFICATION

[for members of the state retirement system:]

Any member of the state retirement system who had previously received a refund of accumulated total deductions under G.L. c. 32, §§ 10 or 11, and who is found eligible for accidental disability retirement benefits as a result of the application now being submitted, shall be eligible for and may apply to Nancy Bolduc, Director of Operations, Group Insurance Commission, P.O. Box 8747, Boston MA 02114 (tel # 617-727-2310 ext. 3062), pursuant to 805 C.M.R. 9.20 to obtain, prospective health insurance coverage pursuant to G.L. c. 32A, § 10, on the same terms and conditions applicable to other system members who retired on the effective date of his or her accidental disability retirement.

[for members of the state teachers' retirement system:]

Any member of the teachers retirement system who had previously received a refund of accumulated total deductions under G.L. c. 32, §§ 10 or 11, and who is found eligible for accidental disability retirement benefits as a result of the application now being submitted, shall, if he or she was a municipal teacher and was covered by a health insurance plan offered by his or her municipal employer as of midnight on the day before he or she left service as a municipal teacher, be eligible for and may apply to the teacher's school district and Nancy Bolduc, Director of Operations, Group Insurance Commission, P.O. Box 8747, Boston MA 02114,(tel#617-727-2310 ext. 3062) pursuant to 805 C.M.R. 7.01 and 7.02 to obtain, prospective health insurance coverage pursuant to G.L. c. 32A, § 12, if such statute was accepted by the relevant political subdivision, on the same terms and conditions applicable to other system members who retired on the effective date of his or her accidental disability retirement.

[for members of other retirement systems:]

Any person not whose most recent public employment was as an "employee" as defined in G.L. c. 32A, § 2(b), who had previously received a refund of accumulated total deductions under G.L. c. 32, §§ 10 or 11, and who is found eligible for accidental disability retirement benefits as a result of the application now being submitted, shall be eligible for and may apply to Nancy Bolduc, Director of Operations, Group Insurance Commission, P.O. Box 8747, Boston MA 02114, (tel # 617-727-2310 ext. 3062) to obtain, prospective health insurance coverage pursuant to G.L. c. 32A, § 10, on the same terms and conditions applicable to other members of the relevant retirement system who retired on the effective date of his or her accidental disability retirement.

Any person whose most recent public employment was as an employee of a "political subdivision" as the term is defined in G.L. c. 32B, § 2(g), who had previously received a refund of accumulated total deductions under G.L. c. 32, §§ 10 or 11, and who is found eligible for accidental disability retirement benefits as a result of the application now being submitted may apply to the treasurer of that political subdivision, or such person as is designated by the treasurer, to obtain prospective health insurance coverage pursuant to the section, if any, of G.L. c. 32B accepted by that political subdivision, on the same terms and conditions applicable to other members of the retirement system who retired on the effective date of his or her accidental disability retirement.

If a person applies for such health insurance coverage and is denied, he or she may contact the EEOC at EEOC, JFK Federal Bldg. Rm 475, Government Center, Boston, MA 02203, or at 617-565-3193.